

# Joint Special Operations University Transcript Request

**Privacy Act Statement:** AUTHORITY: 10 U.S.C. 167, “Unified Combatant Command for Special Operations Forces;” 10 U.S.C. 8013, Secretary of the Air Force, and E.O. 9397 (SSN), as amended. PURPOSE: Identify individuals seeking transcripts for courses completed. ROUTINE USES: May be released outside USSOCOM for those DoD “Blanket Routine Uses” published at the beginning of Air Force Directory 37-144, Air Force Privacy Act Systems of Records Notices. Disclosure is Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

*Complete this form and mail to: Joint Special Operations University*

*Attn: JSOU-D/Registrar*

7701 Tampa Point Blvd

*MacDill AFB, FL 33621-5323*

*Or email to JSOU/Registrar at [JSOUCourses@socom.mil](mailto:JSOUCourses@socom.mil)*

**Student Name (Last, First):** \_\_\_\_\_

**Student SSN (Last Four):**

**Phone:** Work (Commercial/DSN) \_\_\_\_\_ Cell \_\_\_\_\_

**Email Address:**

**Course/School Completed:**

**\*\*If student has completed more than one course, indicate as "Multiple"\*\***

**Method (Circle One)**      Resident      or      Distance Learning

**Date of Completion:**                      **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Address to which transcript should be mailed:**

Institution Name: \_\_\_\_\_

Attn:

Street:

City/State/Zip: \_\_\_\_\_

**Second Address for additional transcript, if applicable:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***\*\*Must have student signature on this form in order to release this information\*\****

**FOR REGISTRAR USE ONLY:**[illegible]